RADIOLOGY WARNING CERTIFICATE		
The following statements will be read and signed by the between 12 and 55 years of age:	the female patient sch	neduled for diagnostic x-rays if she is
X-rays taken during pregnancy may be extremely dan employed during the procedure. The most dangerous perpergancy, although there are risks throughout the entix-ray technician if there is <i>any</i> possibility that you may "X" or check mark in the appropriate block within the states.	eriod for the unborn of re pregnancy. Conseq be pregnant. Carefully	hild is during the first three months of uently, you are required to inform the read the statement below and place an
To the best of my knowledge, ☐ I am		pregnant at this date.
I recognize that if I am pregnant and have an x-ray taken, there is a possibility of injury to the fetus. I understand the risks associated with this procedure and have discussed this matter thoroughly with my physician. However, I feel the information likely to be gained from this procedure is important to my health and therefore wish to have this x-ray procedure performed at this time.		
Patient's signature		Date
RADIOLOGY WA	RNING CERTIFICATE	
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MEDDAC (Ft Meade) Form 193